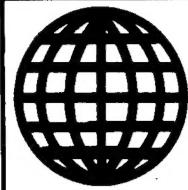


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7 AUGUST 1990



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JPRS Report

Epidemiology

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[Recent material on AIDS is being published separately.]

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ANGOLA

500 Tuberculosis Cases in January-March

MB2007080490 Luanda Domestic Service in Portuguese
0600 GMT 20 Jul 90

[Text] A source in the national directorate of endemic diseases said in Luanda yesterday that 500 cases of tuberculosis were diagnosed in Angola in the first three months of 1990. The source, who was speaking to ANGOP, said the worst affected areas were in Moxico, Lunda Norte, Lunda Sul, Cuando Cubango, Zaire, and Cabinda Provinces.

The source added that 557 trypanosomiasis cases were detected in 1989, compared to 1,099 cases in 1988 when Zairian nationals emigrated to Angola.

Cholera Kills 3,842 People Since 1987

MB2707202390 Luanda ANGOP in Portuguese
1920 GMT 27 Jul 90

[Excerpt] Luanda, 27 July (ANGOP)—ANGOP learned from a reliable source in Luanda today that 3,842 have died of cholera in Angola since the outbreak of the disease in April 1987 to 25 July this year.

According to the source, during this period, 1,567 people died in Benguela Province which registered 13,434 cases. A total of 929 people died in Luanda Province which registered 26,643 cases. Cuanza Sul Province which registered 3,638 cases of cholera had 355 deaths, while Namibe Province which registered 1,960 cases had 293 deaths.

The source pointed out that the first outbreak of the disease appeared in Soyo District, Zaire Province. However, the disease spread fast in the neighboring Bengo Province which until today has registered 3,857 cases with 158 deaths.

The least affected provinces were Cunene and Huambo which registered 10 and 26 cases of cholera, respectively, with five deaths in each province.

Other provinces affected by cholera are Cuanza Norte, Cuando Cubango, Malanje, and Uige. [passage omitted]

MAURITIUS

Quality of Public Health Care Criticized

90WE0225A Port Louis LE MILITANT MAGAZINE
in French 2-3 Jul 90 p 2

[Editorial by Jean-Claude de l'Estrac: "Lost Honor"]

[Text] Once again this week, an inconsolable father weeps at the death of his son in a public hospital; once again, the oft-repeated charge of criminal negligence on the part of hospital services is heard. We must face the

facts: Mauritians no longer have faith in public hospitals. For them, the hospital has become a place where one dies more often than recovers.

When things have reached this extremity, it is pointless to debate whether or not Mauritians are entirely correct in their clearly negative perception of the quality of public health services. The fact is that an unfortunate string of cases has led the population as a whole to believe that our hospitals are no longer capable of offering attentive and effective care to patients. Explanations, even well-founded and medically proven, are useless. The crisis is a crisis of confidence. For a patient, confidence is the precondition for getting well.

How did we get to this point, and what are the causes?

Here I must make an initial observation: Mauritian hospitals actually do not lack financial resources or qualified personnel. Investment in public health has been a state priority for decades. The parasitic Public Health Ministry consumes over 600 million rupees a year. It ranks second in government expenditures. New equipment has been installed, making it possible, in principle, to offer a wide range of care. An overabundant staff has been recruited, some of whom are highly skilled professionals. (There are also, alas, a few notorious but powerfully protected incompetents.) Nursing personnel are trained by a school that graduated, in other times, valuable professionals capable of intelligently supporting a hospital system. In short, there is an adequate infrastructure to enable public hospitals to practice honorable medicine.

Whence the failure, then?

It would undoubtedly take a specialized study to pinpoint those causes beyond the grasp of the uninitiated. But certain negative aspects of public health administration are too glaring not to be considered the primary ones. I will venture to identify two factors widely known to the public: first, the mediocrity of the ministry's centralist administrative organization; second, the obvious loss of a certain sense of professional ethics, a lack of principles which the people consider inseparable from the authorization granted some state doctors to practice privately. Again, on this second point, it is not a matter of knowing whether there really is a cause-and-effect relationship. That is the perception, nourished, it is true, by a few troubling cases.

In terms of management, planning, structures, methods, and means, the Ministry of Health is an archaic organization. It has been practically untouched by the modernization of public administration implemented elsewhere. The generous but outmoded notions of a minister, who leans more toward barefoot-doctoring than the rigors of a medical system both efficient and profitable, are substantial factors in this failure. First of all, there is a lack of managers in the ministry's administration and in hospitals: managers capable of overseeing budgets, specialized and reputedly difficult staff, and sophisticated equipment. We need managers who are able to plan,

organize, inspire, and motivate personnel admittedly working under constant pressure. The latest report of the Health Ministry, made public last week, indicates that hospitals recorded 122,602 admissions in 1987. Coordinating the admission of these patients, taking charge of them, gaining their trust, calming their anxieties and those of their families, and providing them with appropriate emergency care are not tasks that can be improvised. Only elite managers and inspired doctors can meet such challenges. Where are they? Who are they? Also needed, it is true, is a minister...

As for ethics, many Mauritians believe they have taken to the hills. The most widespread charge is that physicians are more concerned about making money off of their private clientele than giving full undivided attention to hospital patients. There is surely some injustice in the people's judgment. But there is enough laxity, culpable negligence, and dubious practice to justify a critical look at a system that generates so much bitterness. The problem is certainly a complex one. A strict ban on all private practice by state doctors might, in fact, deprive the hospitals of our best professionals. But blithely abandoning any attempt to find a solution that would safeguard the rights of patients and the legitimate interests of doctors is criminal. This problem is at the heart of the climate of distrust that exists between patients and doctors in our hospitals. No discernible progress can be made until a new formula is found. If the minister's harmful paralysis persists, doctors themselves may have to take the initiative to act.

In any event, at stake is both respect for patients and the honor of a professional corps whose occupations should still be considered a sacred calling.

How do we convince Mauritians that it is not just one more business?

MOZAMBIQUE

Maputo Registers Increase in Malaria Cases

90WE0229A Maputo NOTICIAS in Portuguese,
5 Jun 90 p 2

[Text] In contrast to the past several years, it is this year in particular that we expect to see an increase in the number of malaria cases in the country and especially in Maputo, according to certain health authorities involved in combating this disease. This development is attributed to the flash floods which occurred at the end of last year and the beginning of the current year.

In medicine alone, of the 11,891 patients treated at the Maputo Central Hospital from January to May 1990, more than 80 percent of the malaria cases are extremely serious. According to our source of information, considering that 12,593 patients were admitted in 1989, it is evident that 1990 will show a dramatic increase in the year as a whole.

According to figures released by that department, an average of 200 patients were treated daily during the first quarter, mostly cases of malaria (inasmuch as that department also treats other cases involving internal medicine). "With the beginning of winter, the daily level tends to decrease to around 75 to 80 patients actually admitted," said our source.

Moreover, in Maputo, according to the health officials, most of the patients come from areas where there is a greater concentration of marshes and this favors the reproduction of mosquitoes—the principal source of malaria. The areas in question are Infulene, Patrice Lumumba, Laulane, Costa do Sol, Polana-Canico, Catembe, and other areas of the city and province of Maputo.

Our reporting staff is aware that the treatments have been successful, but patients become reinfected by continuing to live under the same conditions as before where preventive measures are insufficient.

Dr. Almeida Franco, coordinator of the Brigade for the Combat Against Malaria in Maputo, said that as a preventive measure his brigade has already sprayed 20,500 houses but that "this is simply protection within the house," alluding to the need to clean up the environment.

According to the same sources, in the process of spraying certain areas, considered endemic, some families have refused to let their apartment be sprayed, saying that the spraying process and chemicals used result in the emergence of bedbugs and fleas.

Dr. Almeida Franco cleared up this misunderstanding with the explanation that the type of insecticide used by the Ministry of Health is designed to eliminate bedbugs but not mosquitoes inside houses. He also said that the insecticides being sprayed make it difficult for the bedbugs to hide in cracks in the walls or in the marsh vegetation; hence, their appearance en masse shortly after spraying.

The figures given, in turn, indicate that the districts which benefited the most from spraying experienced the lowest level of infection.

With regard to Polana-Canico "B," Costa do Sol, and Laulane, the health officials contacted by our newspaper showed great concern over the danger which might be incurred by the people of those localities with the establishment of dikes to irrigate the collective farms.

The concern arises over the fact that those waters will be breeding places for the reproduction of mosquitoes and, in the meantime, the people do not want the source of those waters destroyed through dikes used to irrigate their vegetable gardens.

It is to be noted that in the first quarter of this year the malaria problem caused 44 deaths in the pediatrics

department of the Maputo Central Hospital and hundreds of patients were admitted to various health centers.

Meanwhile, our country is by nature considered susceptible to malaria due to its geographic location. According to a recent statement made by Dr. Allan Schapira, staff physician at the National Health Institute, the heavy rains which fell in recent times have caused various areas to be particularly affected by malaria. The areas considered hardest hit are the cities of Maputo, Quelimane, Beira, Nampula, Chimoio, and Xai-Xai.

Reportage of Cholera Epidemic

Beira

90WE0237 Maputo NOTICIAS in Portuguese
18 Jun 90 p 1

[Text] The reporters on our news team in Beira have learned from a reliable source at the Central Hospital of Beira that the toll from one week of the cholera epidemic that has just been reported in that city is 39 confirmed cases and 13 deaths. There are indications that the outbreak is tending to spread.

As we reported in our edition of 15 June, it is predicted that there will be more deaths, in view of the sanitary conditions that are currently prevalent in the capital of Sofala, with garbage, feces, and many other types of filth breeding flies and all sorts of other insects in every nook and cranny of the country's second largest city.

Since this epidemic was detected on 9 June, therefore, 74 patients have passed through the special rehydration ward that has been created especially for this public health crisis at the Central Hospital of Beira. Some of those 74 patients were diagnosed in time and were treated successfully, and have returned to their homes out of danger.

An authorized source at the Central Hospital of Beira who provided this information to our newspaper maintains that it is probable that the number of people affected by this epidemic may rise in the coming days, keeping in mind that there are other test results that have not yet come back from the laboratory.

Some health services in Beira have had to be suspended. Therefore, workers in this profession, namely from the former European hospital, the General Hospital, and the Institute of Health Sciences have been assigned to residential neighborhoods throughout the city to try to lessen the effects of the epidemic in those neighborhoods, along with members of the local community.

Meanwhile, the maritime administration of Beira has prohibited fishing along a stretch of the city's beaches which includes the area between the Yacht Club and the

Pungo River. At the same time, it is calling on swimmers to stop swimming along the beach temporarily, in an area running from the Maria River all the way to the new beach.

The deterioration in the weather conditions over the last few days has guaranteed that the ocean become a carrier of cholera, when one considers the fact that all the city's sewage empties into these waters. For this reason, brigades have been created to patrol the restricted areas.

Beira City, Tete City

MB1107165790 Maputo Domestic Service in Portuguese
1400 GMT 11 Jul 90

[Text] The number of cholera cases has risen to 17 since last Monday with 12 in Beira city and five in Tete city. Accordingly, there are now a total of 779 cholera cases in Tete and 121 in Beira. The number of deaths in the two cities remains unchanged: 30 in Tete and 19 in Beira.

According to a source from the Ministry of Health, no cholera cases have been identified in other provinces of the country.

Quelimane City

MB2307114990 Maputo Domestic Service in Portuguese
1030 GMT 23 Jul 90

[Text] Cholera has hit Quelimane, Mozambique's third largest city. The Ministry of Health has told our correspondent that six cholera cases, including a fatal one, had been reported in Quelimane this morning.

The number of deaths caused by cholera in Beira city has risen to 20, and a total of 131 cholera cases have been reported in that city.

In Tete the situation remains unchanged with 30 deaths and 783 diagnosed cases.

Zambezia

MB2107190090 Maputo Domestic Service in Portuguese
1730 GMT 21 Jul 90

[Text] The Zambezia Provincial Hospital has admitted three cholera suspects and various cases of acute diarrhea over the past few days.

According to our reporters in Zambezia, Quelimane City is facing serious problems of hygiene because of garbage collection and broken sewage lines. Health authorities in Quelimane have called on all people suffering from diarrhea to immediately visit health centers to be treated.

SENEGAL

Vaccination Campaign Lowered Infant and Child Mortality

*90WE0236A Dakar WAL FADJRI in French
25-31 May 90 p 6*

[Text] The infant and child mortality rate is still very high in Senegal. Of 1,000 children born each year, 227 will die before the age of five. These children are most often carried off by the infectious diseases of tuberculosis, tetanus, diphtheria, whooping cough, poliomyelitis, measles, and yellow fever. All of them are illnesses that can be avoided through vaccination. Indeed, a child fully vaccinated at 11 months is immunized against these seven deadly diseases, illustrating the importance of vaccination in a country.

Since the Pev (expanded vaccination program) was established by WHO in 1987, childhood illnesses have been on the wane. In the health stations we visited in Kolda, the nurses, who said they were very busy, only very rarely see children with these symptoms.

In Dabo, for instance, the nurse only noted two cases of measles, contracted by 5-year-old unvaccinated children, throughout 1989, while in Dioulacolon only one 7-year-old with tuberculosis was reported. In the Kolda health center, which serves as a regional hospital, Dr. Gaye has observed a very significant drop in patients with childhood illnesses. "I see one only very rarely."

380,000 New Cases of Malaria Each Year

*90WE0236B Dakar LE SOLEIL in French
30 May 90 p 4*

[Article by Fara Diaw: "The Biggest Killer"]

[Excerpt] Tropical diseases affect one-tenth of the world's population. Most notable among them are malaria, bilharziasis (or schistosomiasis), leprosy, filariasis (river blindness or onchocercosis), leishmaniasis, etc. Malaria is the greatest killer. It is a worldwide headache. 270 million people currently suffer from it, with 2.1 billion individuals, nearly half the world's population, exposed to the risk of contracting it. Despite efforts made since the turn of the century, malaria is still the most widespread and devastating of the parasitic tropical diseases. The World Health Organization (WHO) estimates that 1 to 2 million people die of it annually.

On Saturday afternoon, in the large amphitheater of Dakar's Cheikh Anta Diop University School of Medicine and Pharmacy, malaria, its frightening statistics, clinical aspects, treatment and therapeutic strategies, status in Senegal, and dangers to children and pregnant women were presented to academics, researchers, and officials.

The minister of health and social action, Mr. Assane Diop, opened the sessions by stressing that malaria is

still in our day a serious public health problem in many developing countries, where it is the principal cause of mortality and morbidity.

In Senegal, he said, if one looks at the high incidence of the illness and the some 380,000 new cases each year, the number of work days lost to malaria is substantial and has an undeniable impact on national production.

In 1988, 254,118 cases of malaria were reported, including 159 deaths. The physician-commander Lamine Cisse Sarr, director of hygiene and health protection, announced that a program has been devised. Priority, as the health minister also pointed out, must be focused on children and women, the most vulnerable groups. A large portion of the work of the National Department of Large-Scale Endemic Diseases and of the Thies Anti-Parasite Division involve prevention and monitoring of local endemic diseases.

Much remains to be done. This was very amply demonstrated during the meeting by different communicators, including Professors Mouhamadou Fall (head of the UHC Pediatrics Clinic), Eva Marie Coll Seck (head of the infectious diseases clinic), and Doctors Bernard Diop (infectious diseases), and Issa Bella Ba. Therapeutic problems urgently overcome with great difficulty persist both in Africa and the world due to the chemical resistance parasites are developing. The arsenal is swelling with new products. Chloroquine is still a treatment of choice. WHO has disseminated a prophylactic methodology. A standard national and regional protocol for malaria still remains to be agreed upon.

Based on his team's work, Professor Coll Seck even suggests combining medicines to fight the symptoms frequently seen in complicated cases at a certain stage. This would result in greater effectiveness and speed. In addition, Professor Coll Seck pointed out the need to establish some harmony in the national approach to the disease, in accordance with the health pyramid outlined by [the ministry's] primary health-care strategy and the progressive stages of the disease.

[Among] the select group of academics, some also stressed the importance of information and education, adequate prophylaxis, and the fight against vectors and larval sites.

Unlike, for instance, East Africa, few cases of chloroquine resistance have been noted in Senegal for now. Nearly all cases of malaria in sub-Saharan Africa are due to infestation of humans, by the female anopheles, with parasites dubbed "plasmodium falciparum."

It is parasites of this kind that are responsible for the pernicious attacks that can result in serious and often fatal neurological complications.

Having noted that, budgets are still the nerve center of the war on malaria and on tropical diseases in general. The latter are pathologies specific to the South, poor and buffeted by the recession. WHO recently denounced the

world's forgetfulness of tropical diseases, which affect the poorest of the poor, en masse, because of the unhealthy conditions in which they live.

They are poorly informed and lack the wherewithal to pay for relatively expensive insecticides.

Another black point is that the effectiveness of dusting urban areas is now strongly in doubt. DDT, abate, and "pyrethrine-" or "dectamethrine-based" chemical insecticides used to combat parasite-carrying anopholes have now been shown to be virtually ineffective. New molecules, as well as new medicines and even a vaccine, are being sought. Vaccines have even been tested...[passage omitted]

SOUTH AFRICA

Tuberculosis Reaches 'Epidemic' Proportions in Cape

*MB2207100790 Johannesburg Domestic Service
in English 0900 GMT 22 Jul 90*

[Text] The deputy medical officer of health for the Cape Town city council, Dr. Johan van Rensburg, says that tuberculosis has reached epidemic proportions in the Western Cape [Province].

The increase in the incidence of the disease has forced a treatment center, the D.P. Marais Santa [South African National Tuberculosis Association] center in Westlake, to be reopened after being closed for 26 years.

The center will be opened officially on 15 August.

Sleeping Sickness Strikes Cattle in KwaZulu

*90WE0242 Cape Town THE ARGUS in English
27 Jun 90 p 15*

[Text] Durban—About 40,000 cattle are now at risk following a new outbreak of nagana disease (sleeping sickness) near Kwazulu's Hluhluwe Game Reserve.

But a Kwazulu government spokesman says there is no fear for the safety of humans.

At present 6,000 to 10,000 cattle are infected and emergency steps are being taken in Kwazulu to import drugs to treat the animals.

Dr B. McCulloch, KwaZulu's Director of Veterinary Services, said the cattle represented the life savings of thousands of people. But humans were not in danger of contracting sleeping sickness as the fly responsible did not occur in South Africa.

There was little likelihood of the disease spreading to other parts of South Africa.

SWAZILAND

Government 'Alarmed' by Mozambican Cholera Outbreak

*MB1407100790 Mbabane THE SWAZI NEWS
14 Jul 90 pp 1, 24*

[By Martin Dlamini]

[Text] Cholera has broken out in neighbouring Mozambique, it was confirmed yesterday.

The news immediately alarmed the Ministry of Health here, because it would be very easy to import the deadly disease through the influx, of mostly illegal immigrants and refugees who enter Swaziland from Mozambique.

Cholera kills within days of attacking a person. Victims have severe diarrhoea, often accompanied by vomiting. Victims also suffer a drastic loss of weight, and die of dehydration unless attended to quickly.

The last cholera outbreak in Swaziland was in 1983, and led to a ban of fruit and vegetables from South Africa.

When the outbreak was reported on Thursday [12 July], the Ministry of Health immediately set up emergency to try and prevent the disease [as published] from entering into the country.

All people leaving the country for the cholera zone, will be required to hold a valid vaccination certificate.

Also, those entering the country from Mozambique will not be allowed in unless they have been vaccinated.

The Under Secretary in the Ministry, Mr Ephraim Hlophe said the measures are effective immediately, and will immunise all the people in the Lubombo region.

He said the team will work hand in hand with the police and the army, to ensure that everybody entering or leaving the country to Mozambique, is immunised.

Immunization checks will also be set at the Matsapha International Airport.

The army also set up a security alert along the border to stop people entering or leaving the country illegally.

He further warned all residents in the Lubombo region to treat all vegetables and fruits brought from Mozambique, with extra care and attention.

The report of the outbreak of Cholera in Mozambique, was confirmed by the Ministry of Health yesterday.

Cholera, is a disease which kills faster than the more dreaded disease, AIDS. Cholera can kill within 24 hours.

It is normally contracted through contaminated water which can be taken into the border through unwashed raw vegetables and fruit.

If not treated the same day, cholera kills.

On Thursday, the regional health officer of the Lubombo region rushed to the Lomahasha border where he addressed residents warning them of the disease.

Health officials in the region also immediately launched a health education drive, which includes literature teaching health guidelines for cholera prevention.

Cholera Prevention Program Not Yet Implemented

MB1707075390 Mbabane THE TIMES OF SWAZILAND in English 17 Jul 90 p 28

[Article by Martin Dlamini]

[Text] An emergency cholera prevention programme, supposed to have been implemented over the weekend as a matter of urgency to block an influx of possible cholera carriers entering Swaziland from Mozambique, has still not started.

The scheme is supposed to involve a large scale immunisation programme of all residents in Lubombo communities bordering Mozambique, who face the greatest risk of contracting the killer disease from people arriving from neighbouring Mozambique, where a cholera outbreak has been reported.

Contacted yesterday, a health official in the Siteki Health Office said they are still awaiting instructions from headquarters. He said as far as they are aware, nothing has been done to immunize people against the killer disease.

The Principal Secretary in the Ministry of Health, Mr Chris Mkhonta, said he could not say whether the immunisation had started as the matter was being dealt with by Under secretary, Mr Ephraim Hlophe.

Mr Hlophe, was however, not available for comment.

The report of the Cholera outbreak in the neighbouring Mozambique, reached the attention of the ministry last week.

Cholera is a deadly disease which may kill within a few days if not treated in time.

It may be contracted through water and uncooked foods like fruit and vegetables. People who have also touched contaminated items may carry the disease and contaminate others.

Health Ministry Says Lubonjeni Cholera Alarm False

MB2007192090 Mbabane Television Service in Siswati 1630 GMT 20 Jul 90

[Text] The Ministry of Health says so far it has not found evidence of a cholera outbreak at Lubonjeni. According to Dr. John Mbambo, there are several organizations that have visited the areas said to have cholera, but all found no evidence of the disease. Dr. Mbambo advised

people to continue to observe strict hygiene. The Ministry of Health has also urged people not to give in to panic, and said the ministry will continue to fight outbreaks such as cholera.

It appears there has been a cholera outbreak in a country neighboring Swaziland.

UGANDA

Unidentified Epidemic 'Could Be Malaria'

54000070B Kampala THE NEW VISION in English 9 Jun 90 pp 1, 12

[Article by Justus Muhangizi in Mbarara: "Strange Disease Hits Mbarara"]

[Excerpts] A strange disease which broke out recently in Nyamisindo parish, Birere, 19 km southeast of Mbarara town has killed 40 people.

Reports say that the disease which is yet to be established kills within a range of six hours to two days. However, some victims of the disease have been reported to linger up to a period of two weeks before dying.

According to the villagers there are various symptoms of the disease which include headache, high temperature, diarrhoea, stiff neck and limbs getting paralysed. The recent victims have been reported to have bleeding from the nose.

Last week an RC mobiliser one, Bulahani, reported the epidemic and on Tuesday morning this reporter visited the affected area.

The dead were confirmed and the various homes where the disease has so far claimed lives were also visited. One home belonging to Israel Kakurungu, three people died on Monday and were buried the same day. The fourth victim from the same family a 15-year-old youth was rushed to a small clinic at Nyarubungo trading centre 3 km away. He had a headache and a bleeding nose.

The list of the dead include one, Wilson Tugume 25, who was ill for two weeks. A woman aged 40, died last week after she was ill for one day. According to her son Patrick Tumwebaze, she had complained of headache and her limbs were paralysed. At the home of one Kachenga Eriphaz three people died on the same day last week.

The villagers told THE NEW VISION that the disease first broke out about two months ago and has since been claiming lives day in day out. [Passage omitted]

Asked why they are not rushing to take the infected people to the hospital, the villagers lamented that it was useless since most of the victims died within a short time. [Passage omitted]

The District Medical Officer, Mbarara Dr Moyemeire, said he got the report only this week and immediately

sent the staff to assess the situation. He further said that one of the patients had been brought to Mbarara Hospital for examination.

At Mbarara Hospital, the Medical Superintendent, Dr Gad Matsiko, said the patients brought in on Monday for an examination went to collect his personal effects but he had not yet returned.

The DMO ruled out the possibility of meningitis. He said a report made recently by a senior laboratory technologist had said that there were no signs of meningitis. I believe that it could be a strange type of malaria which is failing to respond to the normal treatment by quinine," he said.

ZAMBIA

Regional Reporting on Outbreak of Cholera

Kabwe, Makululu: Cholera 'Raging'

90WE0238 Lusaka SUNDAY TIMES OF ZAMBIA in English
30 May 90 p 1

[Text] (Zana)—Two people died of cholera in Kabwe yesterday and four primary schools were closed in the mining area and Makululu township where the deadly disease has been raging.

Acting Kabwe General Hospital medical superintendent, Dr John Simukoko confirmed the deaths of two people from Makululu. Four others died on Friday last week.

Dr Simukoko said a clinic was being established in Makululu where suspected cholera cases would be referred. There were enough drugs and personnel to deal with the problem.

Meanwhile, the deputy chief education officer in Kabwe Cde Dick Katongo has confirmed the closure of David Ramushi, Mine Primary, St Mary's and Stephen Lulwisha primary schools.

More than 4,000 pupils will be affected by the closure of the four primary schools.

The Ministry of Education, Youth and Sport was considering employing sanitary orderlies to help in the maintenance of school facilities.

The Central Province cholera surveillance committee met yesterday to map out ways and means of controlling the spread of the disease.

Provincial deputy permanent secretary, Cde Daniel Kenete expressed concern at the outbreak of cholera and called upon the district council and the media to help publicise measures to control the disease.

In Mufulira, 13 primary schools have been recommended for closure by the district cholera taskforce because of their poor conditions.

The taskforce team which visited schools expressed shock at the condition of most of the schools in the area and recommended some for immediate closure to enable authorities take corrective measures.

A team of medical officers led by ZCCM Mufulira division chief medical officer Dr Godfrey Katema found most schools had blocked toilets, inadequate water, no hand washing facilities while some drainage systems were blocked.

So far, one person died from cholera in the district on 1 May, and about 10 cases were dealt with at the three centres set up to treat cholera patients.

Nchelenge: Schools Close

90WE0238 Lusaka SUNDAY TIMES OF ZAMBIA
in English 6 May 90 p 1

[Text] (Zana)—Luapula Province chief education officer Cde Charles Sitali has announced that Nchelenge Secondary School will not reopen tomorrow when the rest of the schools open throughout the country after holidays because of the cholera outbreak in the area.

Cde Sitali said yesterday all primary schools in the district would open together with the rest of the schools.

The chief education officer advised all pupils at the secondary school not to come until when they receive further instructions.

Luapula provincial medical officer Dr Geoffrey Chishimba recommended that the opening of the school be delayed until the cholera situation was under control.

Nchelenge district has so far received 13 confirmed cases of cholera.

The outbreak of the disease has claimed one life in the area, and a team of medical personnel has been dispatched to the area to carry out tests of the disease.

Meanwhile, Luapula Province Central Committee Member Cde Raphael Mwale has appealed to Party leaders in Nchelenge to assist medical personnel in urging people to maintain high standards of hygiene to contain the spread of cholera.

Three people have been admitted to Chelata health centre and 10 have been quarantined.

Party leaders should explain to villagers and fishermen about the importance of observing personal hygiene and the use of pit latrines, he stressed.

"These latrines should not be close to water wells," he said.

Cde Mwale also appealed to people to keep their surroundings and homes clean and not to frequent the islands on Lake Mweru where cholera is suspected to have come from.

Cde Mwale said people particularly those at Kashikishi should not panic over the cholera outbreak as the medical team was working day and night to control the spread of the disease.

Kitwe: Fear Closes Schools

*90WE0238 Lusaka TIMES OF ZAMBIA in English
9 May 90 p 1*

[Text] Seven primary schools and a secondary school with poor sanitation in Kitwe have been closed indefinitely and more than 10,000 pupils sent away for fear of a cholera outbreak which claimed six lives last month.

The decision to close the schools which only opened on Monday was taken by the Copperbelt cholera surveillance committee whose members toured the institutions recently.

District education officer Cde Violet Yumbe said the schools shut were Ishuko, Kampemba, Justin Kabwe basic school, Kitwe Main, Kitwe Primary and Ndeke Secondary. She feared that more schools may be affected.

Last month, at the height of the cholera outbreak 10 monitoring centres were opened to check the scourge which began in Lusaka where more than 100 people died.

The centres have since been closed while the council has suspended water disconnections for fear the epidemic might recur.

Cde Yumbe said the committee headed by provincial medical officer Dr Clement Musowe ordered the closure of the schools after it was discovered the sanitary situation was bad and could not allow classes to run.

She appealed to Government to repair the dilapidated buildings and clean the lavatories. It was not known how long the schools would remain shut.

She added that parents teachers associations (PTAs) in the schools were already overstretched to provide necessary funds for repairing damaged sanitary systems.

The cholera epidemic which broke out last month and claimed six lives was reported to have been contained by medical authorities in the district.

No new deaths were reported but the surveillance committee has been inspecting areas of concern to prevent a recurrence of the disease.

Mufulira: Three Affected

*90WE0238 Lusaka TIMES OF ZAMBIA in English
21 Apr 90 p 1*

[Text] (Zana/ZIS)—Cholera has spread from Kitwe to Mufulira where three people are battling for their lives at Kamuchanga hospital.

ZCCM Mufulira division acting chief medical officer and overseer for the district preventable diseases surveillance committee Dr Patrick Ngosa confirmed the outbreak of the killer disease.

Measures have been taken to isolate the patients.

Dr Ngosa said those hospitalised were members of the same family and were admitted on Wednesday.

He appealed to the public to exercise high standards of hygiene, adding that several centres had been set up and were ready to combat the disease.

Meanwhile, Mufulira governor Cde Benson Ilunga is expected to address a series of meetings this weekend to emphasise on the need for Mufulira residents to prevent the spread of cholera.

Reporting 'Censored'

*90WE0238 Lusaka SUNDAY TIMES OF ZAMBIA
in English 3 Jun 90 p 9*

[Excerpts] (Zana)—Kabwe Urban district governor Cde Armford Kamba has revealed that three more people died on Thursday from suspected cholera in new areas—Kawama and Waya ward bringing the number of people who have died from the disease to nine since 25 May.

Medical authorities in Kabwe could not be reached to confirm the three new deaths.

An officer from the provincial medial office earlier told reporters not to disclose the number of people dying from cholera because such information would alarm the nation.

The officer who withheld his name said he had been instructed to inform the Press not to write about the number of people dying from the disease.

But the governor told a public meeting held in the YMCA club in Katondo township on Friday that two people died in Kawama ward, while a Party branch official also died from suspected cholera in Waya ward, on Thursday. [passage omitted]

He called for the tracking down of a businessman who was a cholera contact, the man is believed to have travelled to Tanzania recently where he contracted the deadly disease. [passage omitted]

Kabwe: Prisons Closed

*90WE0238 Lusaka TIMES OF ZAMBIA in English
1 Jun 90 p 1*

[Text] (Zana)—Kasanda police station cells have been shut down to control the spread of cholera which has claimed six lives in Kabwe Urban district during the past five days.

Central division police chief Cde Elias Kaite confirmed yesterday the closure of the police cells and the transfer of prisoners and suspects to other stations within the district.

"We have closed the cells and transferred all inmates and suspects to Chowa, Bwacha and central police stations.

"The state of lavatories is bad and we shall pressurise the public works department to unblock them," said Cde Kaite.

And the council social secretary Cde Monica Nkhoma has called for the closure of Kasanda police camp and transfer all officers temporarily to the President's Citizenship College (PCC) while the sewerage system was being cleared.

Cde Nkhoma told a council meeting yesterday that Kasanda police station had become inhabitable because of the bad sanitation arising from the blocked sewerage system and must be closed to avert a possible outbreak of cholera.

Later in an interview Cde Nkhoma said she wanted all residents to vacate the camp to allow work on sanitation to start.

"We want the relevant ministry to work hand in hand with the council to clear the sewerage system now choked," she said.

Kabwe Central Member of Parliament Cde Wilfrid Wonani told the meeting he was disappointed that little preparation had been done to control the spread of the deadly disease.

"We had a forewarning, but we relaxed. We did not apply for funds to fight the disease. The development resulting in deaths from cholera is serious," said Cde Wonani who is the Minister of State for Foreign Affairs.

Kabwe Urban district governor Cde Armford Kamba called for cleanliness in the district to prevent cholera spreading.

The governor said cleanliness was the only remedy that could stop the spread of the epidemic.

He was addressing a public meeting at Kasanda on Wednesday.

Hepatitis C Virus Found in Donors' Blood

90WE0208B Beijing ZHONGGUO YIXUE LUNTAN BAO [CHINESE MEDICAL TRIBUNE] in Chinese Vol 14 No 11, 15 Apr 90 p 2

[Article by Zhuang Hui [8369 6540]]

[Text] Hepatitis cases that are neither type A nor type B had been classified in the past into two types, non-intestinally (per blood) and intestinally (per feces or mouth) transmitted. In 1989, Choo et al. and Reyes et al. respectively obtained the gene clones of these two viruses by the molecular cloning technique, and named the former type C hepatitis, and the latter type E hepatitis. At the International Conference of Non-Type A and Non-Type B Hepatitis and Other Blood-Transmitted Communicable Diseases held in Japan in September of the same year, these nomenclatures were unanimously adopted by scientists from all nations. At present, type C hepatitis virus is regarded by many scientists abroad to be the major pathogen of the non-intestinally (per blood) transmitted hepatitis that is non-type A and non-type B.

During September to November, 1985, in Hebei Province, viral hepatitis erupted among blood donors of a certain blood station where corpuscles were returned to the donors after separation of plasma. According to the investigation by a cooperative team of pathologists studying non-type A and non-type B hepatitis and epidemiologists specializing in communicable diseases, contamination of the equipment and apparatus used in an intermingled way in the procedure for collecting plasma and returning corpuscles to the donors was suspected to be involved in the outbreak. At the time, it was proven to be non-type A and non-type B, non-intestinally transmitted (per blood) hepatitis by the serum exclusion method.

In September 1989, the investigators of the above project sent serums collected from the blood donors during the outbreak to laboratories in Japan, Australia and the United States. Using the type C hepatitis specific enzyme linked immunoassay kit (Ortho Diagnostic Systems), type C hepatitis antibody (anti-HCV) was assayed to be positive respectively in 89.8 and 93.9 percent of the samples, verifying that the outbreak was of type C hepatitis and confirming the occurrence of an epidemic of type C virus infected hepatitis in our nation.

The latent period of this disease (that is, from the date of blood donation to the onset of the disease) was about 35 to 82 days, averaging 53.4 plus over minus 16.5 days (in agreement with the data from other countries). The disease easily changed into a chronic form. One year after the onset of the disease, 42.3 percent of those who had had the disease still exhibited abnormal ALT, and after two years, 26.9 percent did. Assays of 152 blood serums collected from patients at different stages of type

C hepatitis showed them to be 37.5 percent anti-HCV positive within one month of the onset of the disease, and 100 percent after more than 2 years. Assays of 65 serums collected from the blood donors with abnormal monomial ALT showed 93.9 percent of them to be anti-HCV positive. It demonstrates that infection by type C hepatitis virus may be, in a majority of cases if not in all, involved in a disease when the monomial ALT is elevated in the serum but the assays for the indicators of virulently infectious viruses of type A and type B hepatitis, giant-cell virus and EB virus show negative results.

According to reports from abroad, more than 90 percent of post-blood donation hepatitis and 10 to 25 percent of incidental hepatitis are type C virus infected hepatitis. Anti-HCV is demonstrated to be positive in 38 to 44 percent of so-called alcoholic hepatitis, spontaneous bile-induced hardening of the liver, and auto-immune, chronically active hepatitis, indicating that type C virus infection may also be involved in these diseases. In addition, over 50 percent of anti-HCV positive, acute type C hepatitis may transform into chronic hepatitis, some of them may subsequently develop into hardening of the liver and liver cancer. Therefore, we must henceforth strengthen our efforts in the prevention, treatment and research of type C hepatitis.

Infectious Disease Rate Down in Beijing

OW2407061090 Beijing XINHUA in English 0141 GMT 24 Jul 90

[Text] Beijing, July 24 (XINHUA)—The incidence rates of 35 kinds of infectious diseases dropped by 8.4 percent in the first six months of this year compared to the same period last year.

An ongoing medical and sanitation conference revealed that dysentery dropped by 10.62 percent, scarlet fever dropped by 48.55 percent and food poisoning dropped by 20 percent.

The inoculation rate for the four kinds of vaccines reached 98.84 percent, a rise for the fifth consecutive year, according to the conference.

It is learned that the municipal government has launched a large-scale program to clean the capital area thoroughly this month.

Statistics from the municipal sanitation and anti-epidemic department show that, as a result of the campaign, the density of flies in the first half of this month dropped by 39.83 percent compared to the same period last year.

Deputy mayor of Beijing, He Luli, called on all the citizens to improve sanitation work, especially during the 11th Asiad, which is to be held in the Chinese capital from September to October.

Recurrence of Poliomyelitis in Henan

90WE0208A Zhengzhou HENAN RIBAO in Chinese
1 May 90 p 3

[Commentary by Mao Baoqing [7456 5508 7230]

[Text] The incidence of poliomyelitis (polio) in our province had met the nationally established control standard by 1985 ahead of the schedule. However, in recent years, an increasing trend in the incidence has been noticed again. Last year, the incidence exceeded that of the national average. During the first quarter of this year, preliminary data indicated that confirmed cases of the disease increased more than 10 times the number reported during the same period last year. At present, the provincial agencies involved in hygiene and epidemic prevention have organized to distribute 4 million sugar-coated polio pills to localities to orally vaccinate children in order to control the epidemic.

Many factors contribute to a high incidence of polio. Objectively speaking, it is a characteristic of an epidemic that its incidence will periodically increase. For over a year, nationwide, other provinces have also experienced increases similar to ours. Analysis of man-made factors indicates that one of the causes is the existence of vaccination-void pockets in some rural areas. These pockets are, in an absolute majority of cases, comprised of the children who have been born exceeding the quota allocated by the birth-control plan. The births of these children have almost always been concealed. They have been hidden out of a fear of censure, and missed the opportunity to be vaccinated. These excess children have made up more than 80 percent of polio cases since last year. The second factor is the lack of adequate networks for hygiene and disease prevention in rural areas. At present, the jobs of planning and executing immunizations at the rural village level in this province are primarily carried out by village doctors [not academically trained doctors, but rather village natives with some, often limited, medical training—JPRS]. The lack of effective organizational controls, and the unsettled question of their compensations affect the performance and morale of some of the village doctors. In addition, the competency levels are low among these individuals. Planning and executing immunizations in rural areas have thus suffered in both quality and quantity.

As experts in the field have pointed out, in spite of the fact that polio may periodically increase in incidence, it can still be effectively controlled by adapting appropriate means to eliminate the man-made factors. First of all, the immunization-void pockets must be eradicated. The sugar-coated polio pills given to children are quite reliable for their preventive effect. Parents must take active roles in making the pills accessible to their children. The parents with the excess children must confront the reality. They should be concerned about the health of the next generation, and not be sticking their heads in sand hoping that by blinding themselves they deceive others. Next, we must vigorously promote the immunization insurance for children. This is one way to provide

medical services for the public with a concept of "whoever pays receives the benefits." With a payment of 12 yuan as the insurance premium, every child between the ages of 0 and 7 is entitled to all immunizations of the right dosages at the right time. Furthermore, in the event of an accident, he/she may collect a certain amount of compensation. In this province, there are still some who take chances by not paying to join the immunization insurance. Not long ago, this reporter met a mother of a polio-stricken child in Shaogang Township, Zhongmou County. With tears of great sorrow rolling down her cheeks, she remorsefully said, "Originally I saved 12 yuan, but ended up spending more than 3,000 yuan for the child's treatment without seeing much improvement." Thirdly, the rural, third level networks in hygiene and disease prevention must be strengthened by staffing them with adequate personnel to effectively carry out the relevant policies with truly timely executions of the planned immunizations. A Disease Prevention and Insurance Unit has been established in Shuihai Township, Ziangcheng County. It consolidates township-wide efforts in planning and executing immunizations and is responsible for reaching villages, households and individuals. Disease Foundation Teams have been organized in Baofeng, Huaiyang and some other counties. Zhongmou County had a high incidence of polio last year. Because of the effectiveness of its third level network of disease prevention, the proportion of children who have taken the polio pills has reached 99 percent in this county, and the epidemic has been completely controlled. These examples of well managed preventive immunization efforts provide us with good models to emulate.

Magnetic Field Imaging Indicates New Brain Function

OW0607151290 Beijing XINHUA in English
1049 GMT 6 Jul 90

[Text] Beijing, July 6 (XINHUA)—A recent study indicates that the right cerebral hemisphere plays a larger role in learning Chinese characters than the left, contrary to the traditional concept of human brain function.

Researchers of the Psychological Institute of the Chinese Academy of Sciences and Huanan College of Nationalities have used magnetic field imaging technology to study the performance of cerebral hemispheres in recognizing and learning Chinese characters.

Past studies using neuroimaging techniques to study the role of the cerebral hemispheres in learning alphabetic scripts have indicated that the left part of the brain plays a dominant role in language learning.

The neuroimage obtained by the Chinese scientists shows that the magnetic field of the right cerebral hemisphere is more active in work involving Chinese characters while the left hemisphere remains largely inactive.

Campaign Against Snail Fever Shows Results
*HK0707052090 Beijing CHINA DAILY in English
7 Jul 90 p 3*

[Article by staff reporter Zhu Baoxia]

[Text] A major campaign to wipe out snail fever—schistosomiasis—in many parts of China has chalked up a number of victories.

This was the heartening message from Wang Huanzeng, an official with the Snail Fever Control Department of the Ministry of Public Health.

He said that by the end of May, 11,490 patients suffering from the disease—including 318 in the advanced stages—and 492 infected animals had been treated in Central China's Hunan Province.

And schistosomes—the parasites causing the disease which affects the liver, bladder, lungs and central nervous system and can be fatal—had been cleared from more than 6,000 hectares in the province.

One hundred thousand people in Jiangsu Province had taken part in the campaign to clear more than 2.2 million cubic metres of soil around the river banks, lakes and in the mountainous regions where the parasite is found.

Twenty-six snail fever control projects had been set up in Jiangsu, Wang said.

Some cities, including Nanjing, the provincial capital, had put up warning signs along contaminated river and lake banks and had sent people to patrol the areas in the hope of curbing the highly infectious disease.

The province of Jiangxi, Wang said, had arranged for more than 800 medical workers to treat patients in the advanced stages of the disease in the grassroots areas.

In the space of three months, these workers had seen more than 1,500 patients and performed 55 surgical operations.

Between January and May, Wang said, more than 380,000 people and 18,000 cattle had been tested for snail fever and 80,000 patients and 5,468 infected cattle had been treated.

Party committees and governments at all levels in the affected regions had all included snail fever control work on their agendas, he said, and the performance of these bodies would be evaluated.

Extensive investigations into the disease, as well as publicity of State policies on the issue, had been conducted throughout the affected regions and measures had been taken to protect more people.

Special groups had been set up in all 243 affected districts and towns in Hunan Province and a three-level responsibility system had been introduced.

Courses on prevention and control of the disease had started in all primary and secondary schools in most of the provinces including Jiangxi and Hubei.

INDONESIA

High Rate of Hepatitis B

90WE0244A Jakarta MERDEKA in Indonesian
26 Jun 90 p 6

[Text] Yogyakarta, 25 June, ANTARA—The World Health Organization states that the figure on the incidence of infection of the Hepatitis B virus in Indonesia is rather high.

In Indonesia between three and 17 persons out of every 100 people have been exposed to infection from this virus. This was stated on 24 June by Dr. Soeliadi Hadiwandono, a specialist on disease at the Faculty of Medicine of the University of Gadjah Mada (UGM) in Yogyakarta.

In his public address on the theme of "The Role of the Community in Achieving Longer, Productive Lives," he stated that about 10 percent of the patients treated in the internal medicine departments of hospitals suffer from liver disorders, with 10,000 new cases of hepatitis treated every year.

Doctor Soeliadi said that Hepatitis B is a very serious health problem throughout the world, particularly in Asian and Pacific countries, where the statistics on the incidence of infection with this virus are very high.

Patients suffering from viral hepatitis are a source of the infection throughout the world. A total of 216 million people, including 120 million who live in Asian and Pacific countries, have the disease. He said that each year 100,000 new cases of Hepatitis B are identified.

According to Doctor Soeliadi, although advances in medical technology have made it possible to prevent persons from becoming infected with the Hepatitis B virus, increased knowledge and community awareness of the way in which the disease is spread are still a very important supporting factor in preventing infection with this virus.

Cirrhosis of the Liver

For that reason liver disease has received attention from doctors as well as communities as a whole, because Hepatitis B can easily spread and the virus can develop in liver tissue, causing damage to liver cells.

Indeed, he added, the virus can cause the liver to shrink (cirrhosis of the liver) and at times can result in cancer of the liver.

He said that protecting people against Hepatitis B in the past was a difficult problem, because there was no medicine available to treat the infection effectively.

The treatment given to those suffering from hepatitis up to now has been supportive in character. For that reason he said that the standard ways of preventing the disease must still be continued, in addition to providing medication.

Preventive treatment not involving vaccination involves attempting to reduce the possibility of coming in contact with the Hepatitis B virus, although this kind of treatment does not protect a person not suffering from the infection. Following healthy living habits with adequate nutrition and regular exercise are ways of maintaining optimum resistance in the body to the disease, he said.

His address was given at the Eighth Congress of the Association of Indonesian Specialists on Disease in Yogyakarta, which began on 25 June and will continue for three days.

Other speakers at the congress were Doctor Soetjito of the Faculty of Medicine of UGM in Yogyakarta, who presented an address entitled, "Hypertension and Its Treatment"; Dr. Bambang Irawan, chief of the Sub Section on Heart Disease at Central Hospital; and Dr. Sardjito Yogyo, whose paper was entitled, "Coronary Heart Disease."

THAILAND

Record Outbreak of Dengue Feared

90WE0232B Bangkok MATICHON in Thai
18 Jun 90 p 2

[Excerpts] [passage omitted] Dr. Thira Ramsut, the director of the Department of Communicable Disease Control, revealed that the indications for 1990 were that there would be a record outbreak of dengue fever if no steps were taken to control it beforehand because there were already 13,813 cases of the disease and 44 deaths. The provinces with the highest incidence were generally in the lower part of the North and the upper part of the central region. The provinces with the highest incidence were Sukhothai Province, Phitsanulok Province, Uthai Thani Province and Phetchabun Province. In the South the highest incidence has been found in Nakhon Si Thammarat Province, Krabi Province and Phuket Province.

Dr. Thira said that those suffering from the disease were primarily children from age five to nine. Next were children aged 10 to 14; 80 percent were elementary students. [passage omitted]

Dr. Ong-at Watcharaphansakun, a public health official for Roi Et Province, said that from January to May the incidence of the disease had increased. There had been 607 cases and one death.

Dr. Phongsak Thiamsa-at, a public health official for Sukhothai Province, said that in Sukhothai Province there had been 120 cases but no deaths. When children got this disease those in charge of them usually did not go to a doctor; they bought medicine and administered it themselves, which was very dangerous because some medicines should not be taken by those with this disease.

Dr. Yingsan Sithong, a public health official for Kalasin Province, said that the indications for this year were that the disease would be more widespread than ever before. [passage omitted]

Dr. Kritsada Manunwong, a public health official for Sakon Nakhon Province, said that cases of the disease in Sakon Nakhon Province could be broken down as follows: Phanna Nikhom District, 41 cases, municipality district, 24 cases, Sawang Daen Din District, 15 cases, Kut Bak District, 10 cases, and there were a few more in

other districts. The latest information was that there were a total of about 100 cases, and of these one person had died.

Dr. Charoen Bunchai, a public health official for Surat Thani Province, said that the indications were that in the rainy season this year the disease would spread to every district and that there would be more cases than normal. For this reason officials examined for the disease and found 171 cases. These were primarily among the inhabitants of Phrasaeng District, Kanchanadit District and the municipality district. There were those who thought that there were about 400 more cases.

ROMANIA

Possible Cholera in Danube Delta

Boiling Water Urged

AU1907192990 Bucharest ROMPRES in English
1834 GMT 19 Jul 90

[Text] A person who used to drink water from the Danube in the village of Tudor Vladimirescu, a suburb of the town of Tulcea, is suspected of suffering from cholera, the Ministry of Health reported, urging the population in the area to boil the water before drinking it and to present themselves to the hospital as soon as they experience digestive complaints.

Further Case Suspected

AU2007203790 Bucharest ROMPRES in English
1753 GMT 20 Jul 90

[Text] Bucharest, ROMPRES—Today, July 20, 1990 the Ministry of Health offered details on the cholera case in the village of Tudor Vladimirescu, a suburb of Tulcea.

The sick person is an 81-years-old woman now no longer in danger who has permanently used both for drinking and for her house needs untreated water from the Danube.

The Preventive Medicine Centre Galati announces a suspected case of cholera with a worker at the Vamesu Irrigation System (Galati county) who drank untreated water from the irrigation canal from the Danube. The sick man was hospitalized and no longer is in danger. The "Cantacuzino" Institute is to make bacteriological tests.

Within the measures taken, the Ministry of Health sent to that region a team of experts from the Public Health Institute and the "Cantacuzino" Institute and supplied the respective counties with necessary medicines. The Ministry of National Defence and the Tulcea County Mayorship put at disposal ships for an active epidemiologic survey. At the same time, the population using water from the Danube for drinking and house needs is asked to previously boil it and when digestive disorders appear to go to medical units.

BRAZIL**1990 Health Ministry Vaccination Plan Described**

*90WE0234C Sao Paulo O ESTADO DE SAO PAULO
in Portuguese 5 Jul 90 p 17*

[Text] Brasilia—The Health Ministry will spend nearly \$3 million on two major vaccination campaigns that it intends to conduct this year. According to the ministry's plan, children under age five will be immunized against poliomyelitis and measles, and will receive the triple vaccine to combat whooping cough, diphtheria, and tetanus. The health minister, Alceni Guerra, declared: "I have received authorization from President Fernando Collor to conduct the campaigns, and thereby advance the goal of vaccinating 90 percent of the country's children to 1990."

The minister claimed to be "enthusiastic" over the results (still partial) of the vaccination against polo held on 9 June, which reached 88.7 percent of the 20 million children up to age five. On the basis of these figures, Guerra promised to shuffle funds and use the savings originating in dismissals from the Health Ministry to conduct the campaigns. However, the plan depends on the purchase of 25 million syringes (available on the international market) required to administer the vaccines. According to technicians from the ministry,

UNICEF and the Pan-American Health Organization (PAHO), which are responsible for purchasing the material for Brazil, are unable to estimate when the material will reach Brazil. The UNICEF adviser in Brasilia, Salvador Herencia, claimed that the organization is doing "the impossible" to obtain the syringes, and promised a response by the end of the week.

Risks

According to Isabel Stefano, manager of the Health Ministry's immunization program, 13 million doses of the triple vaccine, 12 million doses of measles vaccine, and another 30 million doses of antipolio vaccine will be used. Isabel estimates that 9.5 million children will receive the triple vaccine, 7.2 million will be vaccinated against measles, and 20 million will be given the anti-polio vaccine.

The Health Ministry is gratified by the results accrued against polio, according to Isabel, but in her view there are still other diseases that are putting the country's public health at risk. In the case of measles, for example, in order to have effective control over the disease, it would be necessary to immunize at least 90 percent of the children. In the case of the triple vaccine, that rate could not fall short of 80 percent. Next year the program will include vaccination against tuberculosis in hospital nurseries.

Targets of the Campaigns: The current status of the diseases that must be attacked by vaccination and the number of children that the Health Ministry wants to vaccinate this year

	Average No of Cases/ Year*	Deaths/Year	Vaccine Coverage (current- in percent)	Children To be Immunized
Measles	540,000mil	7,500	60	7.2 million
Diphtheria	1,000	200	55	9.5 million
Neonatal tetanus**	300	240	55	9.5 million
Tetanus	1,500	600	55	9.5 million
Whooping cough	11mil	150	55	9.5 million
35(in 1989)	-		88.7***	20 million

* Except for poliomyelitis, the government thinks that the underreporting of cases of these diseases stands between 20 and 50 percent.

**Infection in the umbilical region of the newborn

***Partial data on 9 June vaccination

Source: Ministry of Health National Immunization Program

Leprosy Cases on Rise in Ceara

*90WE0234F Sao Paulo O ESTADO DE SAO PAULO
in Portuguese 15 Jun 90 p 13*

[Text] Fortaleza—The last census taken by the Ceara Health Secretariat, in December 1989, recorded 8,000 cases of Hansen's disease among the state's population: a number considered "disturbing" by the health authorities. This year alone, the Health Secretariat's Dermatology Health Service observed the appearance of 400 new cases, ranking Ceara as the Northeastern state with the second largest number of cases. According to Dr.

Celia Rolim, chief of the Dermatology Service, Hansen's disease began spreading in the state as of 1987.

To combat the disease, the Health Secretariat allocated eight hospital units for the exclusive treatment of Hansen's disease. According to Celia Rolim, the authorities' tasks also call for a series of measures to enlighten the population regarding the disease. She explained: "Most people do not realize that, although Hansen's disease is transmittable and potentially incapacitating, it is curable, and does not leave sequelae when it is diagnosed early."

Dengue Cases in Rio de Janeiro State Increasing
*PY2407020890 Brasilia Domestic Service in Portuguese
2200 GMT 23 Jul 90*

[Summary] The increase in the number of dengue cases in Rio de Janeiro State has been worrying the health sector. This month alone, 485 new dengue cases have been registered in the state. The Superintendency for Public Health Campaigns (SUCAM) will begin to fumigate more districts to prevent further cases. The health minister has been studying which districts should be fumigated first. He is also analyzing where there are more cases of hemorrhagic dengue which, according to the health experts, can cause death.

DOMINICAN REPUBLIC

Meningitis Outbreak, 4 Children Die

FL1207182990 Santo Domingo Radio Mil Network in Spanish 1600 GMT 12 Jul 90

[Excerpts] A meningitis outbreak is causing serious problems to children in La Vega. Former Dominican Medical Association President Erasmo Vazquez made the report and urged authorities to look into the matter.[passage omitted]

Vazquez said that at least four children have died as a consequence of the disease and that authorities have to take urgent measures to control the situation. Vazquez also recalled that the disease is produced by a vector that is no longer common in Europe and the United States and reiterated his call to the authorities to fight the causes producing the disease in La Vega.

BANGLADESH**Spread of Cattle Disease in Several Areas****Chandpur**

*54500104 Dhaka THE BANGLADESH OBSERVER
in English 30 May 90 p 9*

[Text] Chandpur, 29 May—Cattle diseases have broken out in seven upazilas of the district. Over 300 cattle died during the last one month. Calves were badly affected.

It is learnt that about 20,000 head of cattle have been attacked with the disease locally known as 'khora rog.' The disease is highly contagious.

The farmers said that even preventive measures failed to check the disease. The disease has taken a serious turn in Shahrasti, Kachua, Matlab and Hajigonj upazilas.

It is further learnt that the smuggled cattle were carrying this virus to Bangladesh.

Scarcity of medicines hampered the treatment of the cattle, it is alleged. The Livestock Department personnel are trying to check the disease. About 10,000 cattle have been vaccinated so far.

The hoof-disease of cows broke out in three southern districts in an epidemic form. The districts are Barisal, Bhola and Jhalakati.

The worst affected areas are Sadar and Gournadi upazilas of Barisal district, Bhola sadar and Daulatkhan upazilas of Bhola district, and Jhalakati sadar and Nalchity upazilas of Jhalakati district.

Over 300 cattle died of the diseases in these districts up to the last week of May,

Pabna District

*54500104 Dhaka THE BANGLADESH OBSERVER
in English 27 May 90 p 9*

[Excerpt] Srimangal, 19 May—A large number of cattle have been attacked with diseases in Srimangal upazila. The most affected areas are Ashidrun, Sindurkhan, Kalapore, Mirzapore, Satgaon, Rajhat and Srimangal.

According to an unofficial source, at least 800 head of cattle died so far. The foot and mouth disease locally known as "khura rog" crippled the affected cattle which cannot walk and grasses due to infection in jaws and hooves. [as received]

Another disease is Haemorrhagic septicaemia locally known as "galafula rog." The other diseases are Foul in the Foot and Laminitis, etc.

At least 15,000 cattles are suffering from the disease in different villages.

It is alleged that most of the cattle died due to wrong treatment by unqualified doctors, compounders, clearks, dressers, peons and field assistants of Srimangal livestock hospital.

It is alleged that since the outbreak of the diseases no attempt for vaccination of the cattle and buffalo was taken by the Livestock Department.

The field staff of the department reported that the people refused to vaccinate their cows and have not taken up any programme of vaccination. The people of the rural area alleged that field assistants do not vaccinate the cattle, or poultry if they are not paid properly.

It is feared that tilling of land will be affected due to the outbreak of cattle diseases. [passage omitted]

Pabna, Kishoreganj:

*54500104 Dhaka THE BANGLADESH OBSERVER
in English 21 May 90 p 9*

[Excerpts] Ishurdi, 24 May—Over 1,000 head of cattle died and at least 30,000 have been attacked with the cattle disease which broke out in an epidemic form in the district of Pabna.

The local Livestock Department has not yet taken any preventive measures to control the disease on the plea that they have no sufficient vaccines which are necessary to combat the disease.

The Indian cattle which are being smuggled into the country are carrying the virus, the upazila Livestock officer said. [passage omitted]

A UNB reports from Kishoreganj: Cattle diseases have broken out in an epidemic form adversely affecting cultivation in 13 upazilas of the district.

According to informed sources, over 900 head of cattle died and about 3 lakh were attacked with diseases locally known as "khura" and entharax.

Farmers alleged that the local Livestock Department has not yet taken any preventive measures to contain the diseases which normally attack the foot and mouth of the animals.

Local Livestock sources, however, said out of 7.64 lakh cattle in the district, 2,300 have so far been inoculated.

Due to shortage of relevant medicines in the Livestock offices, treatment of the affected cattle is being hampered, the sources admitted. [passage omitted]

EGYPT

Health Minister on Cooperation With Libya

NC1707170390 Cairo MENA in Arabic
1259 GMT 17 Jul 90

[Excerpts] Cairo, 17 Jul (MENA)—Egypt will export \$5.5 million worth of pharmaceuticals to the Libyan al-Jamahiriyyah. This has been decided at a meeting between Egyptian Health Minister Dr. Raghib Duwaydar and Dr. Mustafa al-Zaydi, secretary of the people's general committee for health in the Libyan al-Jamahiriyyah. The meeting was attended by delegations from both sides.

During the meeting, the two sides reviewed the implementation of the Egyptian-Libyan cooperation agreement, signed last November, particularly in the field of medical drugs and the treatment of Libyan citizens in Egyptian hospitals.

Dr. Duwaydar stressed the need for increased cooperation in pharmaceutical production and in exporting medical drugs to Libya. So far, Egypt has exported \$1.5 million worth of drugs to Libya.

Dr. Duwaydar said that Egypt is manufacturing the vaccines and serums that Libya needs at the laboratories of the Egyptian General Organization for Serums and Vaccines.

Concerning manpower exchanges, Dr. Duwaydar noted that Egypt has loaned 1,436 doctors, nurses, and medical support staff to Libya. Duwaydar noted that Egypt places all its medical abilities at the disposal of Libyan citizens who seek treatment in Egypt's public or private hospitals. [passage omitted]

It is worth noting that al-Zaydi arrived in Cairo with an accompanying delegation yesterday on a three-day visit during which he will visit a number of pharmaceutical companies, hospitals, and health centers.

INDIA

Incidence of Malaria in Madras Rises 40 Percent

54500105 Madras THE HINDU in English
9 Jun 90 p 3

[Text] Madras, 8 June—There has been a nearly 40 percent increase in the incidence of malaria in Madras in the first 5 months this year compared to the same period last year. Against 7,200 cases reported during this period in 1989, as many as 10,000 cases have been recorded till May this year.

This sudden spurt is attributed by Madras Corporation officials to the unprecedented rain last month as also the general atmospheric conditions which have helped in breeding of the anopheles mosquito and transmission of the disease.

Usually, not many cases of malaria are reported during the March-June period as the peak period for transmission of the disease is during the North East monsoon.

The incidence of malaria in Madras has been hovering around the 30,000 mark in the last decade from over 33,000 cases in 1979 it has been gradually increasing, reaching a peak of 51,376 cases in 1985. In 1989, the city recorded 45,622 cases against 34,400 cases in the previous year. Madras contributes to over 50 percent of the total malaria cases in Tamil Nadu, according to corporation officials.

To combat this menace, the corporation carries out regular fogging and spraying operations. It has two thermo fogging machines, 35 hand-held fogging machines, and foot sprayers and 40 power sprayers purchased at a cost of Rs 3.50 lakhs in 1989. It will shortly acquire a leco-fogging machine to be mounted on a vehicle, at a cost of Rs 6.30 lakhs.

Action plan: The Tamil Nadu Government is considering the suggestions of the Malaria Research Centre (MRC) of the Indian Council of Medical Research, which has outlined a seven-point action plan to effectively tackle this problem and control malaria in Madras.

The MRC, in its report, has pointed out that the Urban Malaria Scheme has been under operation in Madras for more than a decade and the present system is unlikely to eliminate the disease.

As per the action plan, the MRC has suggested that the government issue orders to its various departments as also other institutions to ensure that the overhead tanks/cisterns in all buildings were made mosquito proof. The action plan has called for inter-departmental coordination and some government departments must participate in malaria control programmes directly.

An important point in the action plan was to have suitable by-laws in the Public Health Act prescribing a set pattern for overhead tanks and providing for prosecution of an offender.

Among other things, the MRC action plan said new constructions should be permitted only after obtaining permission/clearance from the health department of the corporation.

Construction sites: According to corporation officials, the tropical aggregation of labour for construction purposes is often the primary cause of the establishment of foci resulting in the outbreak of malaria. The water used for curing purposes in construction has resulted in the outbreak of malaria in several places.

A typical example of outbreak of malaria near building sites was when the MMA building was under construction in Egmore. A number of storage water tanks were built for curing cement pillars. This led to nearly 200 malaria cases in the adjoining Jothiammal Nagar slum. The water in the storage tanks was found to be an excellent breeding ground for the anopheles mosquito.

Another instance was around the Spencer Plaza now under construction on Anna Salai. The corporation took anti-mosquito steps and collected the necessary fees.

A total 21 of the 150 city divisions have been identified as places where the incidence of malaria is high. Most of these are Slum Clearance Board tenements which have open overhead tanks.

Immunisation: Regarding the incidence of poliomyelitis, the officials said the number of cases have been reduced after the implementation of the universal immunisation programme. Against 1,400 admissions to the Institute of Child Health in 1987, after the implementation of the UIP, the cases had come down to 358 in 1988. In 1989, about 460 cases were reported, and so far this year 99 cases have been recorded.

Referring to cholera, the officials said 157 cases had been reported till April this year against 193 in the same period last year. In the whole of 1989, as many as 2579 cases of cholera were recorded, while the peak was recorded in 1987 with over 6000 cases.

NEPAL

Gastrointestinal Disease Threatens Hundreds; 50 Dead

Polluted Drinking Water

BK0707061090 Hong Kong AFP in English 0601 GMT 7 Jul 90

[Text] Kathmandu, July 8 (AFP)—Polluted drinking water is infecting hundreds of Nepalese with a nasty gastrointestinal disease that has taken the lives of at least 50 people, a source in the Nepal Ministry of Health said Saturday [7 July].

The outbreak of gastroenteritis, an inflammation of the stomach and intestines, affected the village of Wangdi in the Gulmi District about 260 kilometers (160 miles) west of Kathmandu. Medical teams were rushed by helicopter to the area, the source said.

In the capital, traces of cholera were found in some of the gastroenteritis patients admitted to hospitals, including the government-run infectious disease control hospital, a public health department spokesman said.

"Parasites of cholera have been found in the process of stool examination of the gastroenteritis patients of Kathmandu Valley," the spokesman said.

In the last week, more than 600 gastroenteritis patients were brought to hospitals in Kathmandu, the spokesman said.

"Of them, 181 were admitted only Friday in these hospitals and about 12 of them were reported to have died of disease this week," a hospital source said.

The source said the main reason for the spread of gastroenteritis in Nepal was polluted drinking water.

The Health Ministry has taken action to control the disease by spreading DDT around drains and adding chlorine to drinking water. It also has launched a clean-up campaign and appealed to the public through government-controlled media, including television and radio, to drink only boiled water.

"The health inspectors have also begun checking the kitchens of the luxury hotels and tourist-class restaurants to check the sale of the unhygienic foods, that the visiting foreign tourists may not be affected by gastroenteritis or cholera," said a spokesman for the Hotel Association of Nepal.

Over 150 Deaths

BK1207095190 Hong Kong AFP in English 0859 GMT 12 Jul 90

[Text] Kathmandu, July 12 (AFP)—Gastroenteritis has killed more than 150 people in various parts of Nepal, and traces of cholera have been found, officials said here Thursday [12 July].

The Ministry of Health gave an official death toll of 40 for Kathmandu and said that three times as many patients were in the capital's hospitals than in the previous monsoon.

The ministry blamed the drinking of polluted water, and said it had taken measures to clean drains, purify the water supply and kill germs.

Last week silt blocked a major reservoir at Sundarijal, cutting off drinking water and forcing people to drink untreated water. A Public Health Department spokesman said 26 out of 90 gastroenteritis patients were found infected with cholera germs.

In parts of Kathmandu between 75 and 100 percent of the water was found unhygienic and unsatisfactory for drinking, the health official added.

He said that apart from Kathmandu gastroenteritis had spread in Pokhara, Baglung, Gulmi, Syangja and Bhairawa Districts.

Ukraine Releases Statistics on Health

*LD2907202190 Kiev International Service in Ukrainian
1700 GMT 29 Jul 90*

[Text] According to the latest press release of Ukraine's State Committee for Statistics, over ten years, from 1981 to 1990, the number of people suffering in our republic from malignant tumors increased by 119,000. While in 1980, 74,800 people left our cruel world as a result of this illness, in 1989 this figure was already 99,300. The highest increase, in comparison with 1980, by 40-54 percent, is to be found in Volyn, Poltava, Zhitomir, Chernigov, Rovno, and Khmelnitskiy Oblasts.

Cholera Outbreak in Stavropol Kray

36 Patients Infected

*LD2807171490 Moscow Television Service in Russian
1430 GMT 28 Jul 90*

[Excerpts from the "Vremya" newscast]

Announcer: Cholera has broken out at a tourist camping site in Stavropol. What is the situation like today? Here is a report from our correspondent: [passage omitted on Y. Belyayev, deputy minister of health of the Russian Soviet Federated Socialist Republic and chief medical officer of the Russian Federation, on the causes of cholera outbreak]

Correspondent P. Guskov: Have many people been infected?

Belyayev: At the moment we have 36 patients. Another 13 are carriers. These are the people who are in Stavropol Kray.

Guskov: Will a quarantine be imposed on Stavropol or not?

Belyayev: At the moment there is absolutely no need for a quarantine to be imposed on the entire city. [video shows close-up of wooden board with the word "spring" on it. Camera pans to show a clearing surrounded by trees and bushes; cuts to show correspondent interviewing Belyayev; cuts again to show two militiamen standing by the spring and homes in on a white building with large windows, gate leading to the building has a sign reading "Quarantine! No admission!"; shots of people playing volleyball, and another sign reading "Rodnik tourist base".]

Over 300 Under Medical Observation

*LD2907200190 Moscow Television Service in Russian
at 1700 GMT 29 July 90*

[Editorial Report] In its 29 July "Vremya" newscast, Moscow Television Service carries a two-minute report on the cholera outbreak in Stavropol Kray.

The announcer says that 45 persons have been discovered to be suffering from cholera in the outbreak at the Rodnik campsite in Stavropol Kray. Over 300 people who are thought to have had contact with the cholera sufferers are under medical observation at a temporary isolation unit at the campsite. Over 1,000 people have been examined in Stavropol alone, where intensified supervision of water supply and sewage installations, food enterprises and other vital services has been put in operation. An emergency anti-epidemic commission is operating. The focus of the infection has been localized, and entry and exit from the town is permitted. It is suspected that the water contamination was due to heavy rains disrupting the water supply mains, the announcer concludes.

CANADA**Nova Scotia Shows High Rate of Deaths From Breast Cancer**

54200037 Toronto THE TORONTO STAR in English 12 Jun 90 p H6

[Text] Halifax (CP)—For at least a decade, Nova Scotia's death rate from breast cancer has run higher than the national average, but doctors don't know why.

Since the early 1980s, Nova Scotia has had 5 percent more breast-cancer deaths per capita than the national average, Statistics Canada figures show. Some years, the mortality rate has run 35 percent higher.

"We don't know what causes the breast cancer," said provincial epidemiologist Dr. John LeBlanc, who studies diseases prevalent in communities.

LeBlanc said scientists have identified several risk factors, including age. Older women and those who pass the age of 30 without getting pregnant have a greater chance of getting breast cancer, he added.

Other factors may include diet and drinking habits, LeBlanc added but he said he couldn't pinpoint any factors that would be worse in Nova Scotia than other parts of the country.

"There's nothing we can really focus our interventions on other than eating and drinking," he said.

In 1985, an average of 35.8 people per thousand died of breast cancer in Nova Scotia—a whopping 32 percent above the national average for that year. Nova Scotia's 1987 average death rate of 31.2 deaths per thousand ran 15 percent higher than the national figures.

In 1988 the province had an average of 29.8 deaths per thousand—10 percent higher than the national average.

The provincial health department says it hopes to have a breast-screening program in place this fall to test as many women between the ages of 50 and 69 as it can.

The program will offer mammograms for healthy women in an effort to detect breast cancer earlier, so treatment can be more successful.

High Rate of Lung Disease in Nova Scotia Town

54200038 Toronto THE GLOBE AND MAIL in English 9 Jun 90 p A6

[Article by Kevin Cox]

[Text] Pictou—The people in this scenic Nova Scotia seashore town, who have long complained of the rotten-egg stench in the area, are suffering from an abnormally high rate of bronchitis and asthma, a provincial health study says.

Daniel Reid, a local doctor and one of the authors of the report, blames a pulp mill owned by Scott Maritimes Ltd. and a coal-fired power plant located a few local kilometres away for the town's foul air.

Dr. Reid is demanding that the provincial government monitor air quality and set tougher pollution standards.

But Jack Kyte, a spokesman for Scott Maritimes, said the company has spent \$10-million since 1984 in reducing emissions into the air, and may spend as much as \$6-million more to cut down the smell from the plant.

He said the company has always abided by emission standards, except when there were malfunctions of equipment. The plant has reduced its emissions by 90 percent over the past two decades, Mr. Kyte said.

Dr. Reid said the sulphur-laden air in the town of 5,000 makes elderly people with breathing problems "sitting ducks" for serious illnesses such as pneumonia.

However, the report said no direct link can be made between the emissions from either the Scott pulp plant or the power plant and the high levels of bronchitis and asthma.

The other authors of the report are Scott Giffin, head of the Northumberland County Health Unit, and John LeBlanc, provincial epidemiologist. Both Dr. LeBlanc and Dr. Giffin said more research will be done on specific cases of bronchitis and asthma by a medical student recently hired by the provincial government, to determine what may be causing the abnormally high disease rate.

Dr. Reid, who was the first medical person to try to link the area's air quality with the high rate of breathing problems, said the mortality rate due to respiratory diseases in the Pictou area is 24 percent higher than the expected level and 31 percent higher for women.

The provincial study, done for the Department of Health and Fitness, found that the percentage of patients admitted to hospital in Pictou for bronchitis is twice as high as in two selected hospitals in Berwick and Lunenburg, both areas with no heavy industry. The bronchitis sufferers made up 1.9 percent of admissions in Pictou and 0.9 percent of admissions in the other two hospitals.

Asthma patients made up 3.7 percent of admissions at Pictou, 3.4 percent in Berwick and 2.0 percent in Lunenburg.

The report said the Department of the Environment should review its air-pollution standards and regularly monitor air quality in the Pictou area.

Dr. Reid said the provincial Environmental Department does little air monitoring. "Pulp mills right now are a self-policing industry. Other than a few air samples the Department of the Environment takes, they (the department) just take the monthly report from the pulp mill about what they're putting out in the air."

Mr. Kyte said his company "has to report our emission data on a monthly basis and if we exceed those guidelines we do it in an honest fashion."

Margaret Murphy, a spokesperson for the Environment Department, said it had done some air monitoring in the Pictou area and will increase its efforts. She said that industrial emission standards are set by the federal government, and that Scott Maritimes has always met those standards.

PORTUGAL

Hepatitis B Infection Seen Growing

90WE0228A Lisbon O DIABO in Portuguese 5 Jun 90 pp 14-15

[Interview with Dr. Machado Caetano, director of the Lisbon Clinical Institute of Immunology and the Immunology Department of the School of Medical Sciences at New University, by Joao Alves; time and place not given—first paragraph is O DIABO introduction]

[Excerpts] Hepatitis B is a serious health problem in Portugal. One-third of all Portuguese have had contact with the virus. There is, however, no coordinated immunization program. It is a serious disease that, like AIDS, is transmitted by sexual contact and by blood, and for which the risk groups are the same, but it is easier to prevent through measures for public sanitation and individual hygiene and by immunization. But contagion is also easier. In an interview with our newspaper, Dr. Machado Caetano, director of the Lisbon Clinical Institute of Immunology and the Immunology Department of the School of Medical Sciences at New University, warns of the seriousness of the situation in Portugal.

Alves: Are there up-to-date statistical data concerning the incidence of hepatitis B in Portugal?

Caetano: Although hepatitis B is a disease that ought to be reported on a compulsory basis like other infectious diseases, it often happens that an official report is not made. Unfortunately, the official data do not reflect the exact figures for the Portuguese population, and this is the fault of the doctors. But, in 1972, when I first brought up the problem of hepatitis B, we found that, in the general population of blood donors, approximately 1.5 to two percent had been in contact with the hepatitis B virus. More recent data compiled from the work of several Portuguese authors who have studied the problem point to figures that are indeed high. We think that Portugal currently has anywhere from about 150,000 to 200,000 chronic carriers of the hepatitis B virus, and that there are probably about 2,000 new cases every year.

The problem with respect to the Portuguese population is a matter of so-called seroprevalence—that is, the number of individuals in the general population who have already been in contact with the virus. Generally

speaking, the figures are the same as those in the other countries bordering the Mediterranean—Spain, Greece, and southern Italy [as published]—and the number of chronic carriers leads one to expect a number of serious complications—hepatitis, hepatic cirrhosis, hepatocellular carcinoma, and chronic hepatitis—that is in fact high. About one-third of the Portuguese have been in contact with the hepatitis B virus, and that is a very high figure. From 1.5 to two percent of those, as I said, are chronic carriers. We occupy an intermediate position in the world. [passage omitted]

Alves: Is it true that hepatitis B has altered the traditional causes of death among us?

Caetano: I think that the data indicate a rise in the number of sexually transmitted diseases in Portugal. And hepatitis B is a sexually transmitted disease. If we analyze the incidence of sexually transmitted diseases in Portugal, we find that the incidence of some is declining—an example being some forms of late syphilis—but that hepatitis B and other sexual diseases are increasing in the European population and in the United States. [passage omitted]

Hepatitis B, AIDS Equally Disturbing

Alves: Don't you consider the situation among us alarming?

Caetano: I am totally opposed to alarmism. But I am in favor of making people aware of the problem out of a concern that must be that of a country that has a high prevalence rate of the virus; wastes a large investment in the form of hospital care, days lost from work, and deaths; and can, in fact, be said to be responsible for the situation.

Alves: Do you feel that in terms of public health in Portugal, hepatitis B is a more serious problem than AIDS at the moment?

Caetano: I cannot weigh the seriousness of the two situations in that manner, but I can say that both are quite serious. The hepatitis B virus is, in fact, more widespread than the AIDS virus; the hepatitis B virus is more easily transmitted than the AIDS virus; and hepatitis B can be prevented by hygiene and vaccine. This means that, in comparing the two situations, we can say that the importance of hepatitis B in the public health picture is equal to or greater than that of AIDS and that it has a solution. I call your attention to the fact that there are only two reasons that I do not consider hepatitis B more dangerous than AIDS. The first is that many people become infected with the hepatitis B virus and recover, but, unfortunately, when it comes to AIDS, there have been no reported cures to date of anyone infected with the virus, nor have any effective medicines appeared. That in itself is a very big difference. The other reason is that, while there is a vaccine for hepatitis B, none exists for AIDS. The two diseases are equally disturbing, but I consider AIDS more alarming in terms of individual health and survival than hepatitis B itself.

On the other hand, I feel that the problem of hepatitis B is more serious because it is causing the country to spend tremendous amounts of money. [passage omitted]

Census Office Reports Drop in Infant Mortality Rate

54500101 London THE DAILY TELEGRAPH
in English 17 May 90 p 9

[Article by David Fletcher, Health Services Correspondent]

[Text] Infant mortality rates, regarded as a key indicator of the nation's health, were lower last year than any time in the past, the Office of Population Censuses and Surveys said yesterday. Deaths in the first year of life were the lowest ever recorded at 8.4 per thousand live births compared with nine in 1988. It was the biggest decline since 1983 when the rate fell from 10.1 to 9.5.

"The reduction is accounted for by decreases in the number of deaths in the first month of life (from 4.9 per thousand live births in 1988 to 4.8 in 1989) and in deaths for infants aged four weeks to one year—from 4.1 per thousand live births in 1988 to 3.7 in 1989," says the report.

It said the perinatal mortality rate—the number of stillbirths and deaths in the first week of life—also fell last year to produce the lowest rate ever recorded, 8.4 deaths per 1,000 births compared with 8.7 in 1988.

Mr Stephen Dorrell, junior Health Minister, said: "This all-time low is excellent news and another success for the NHS. There can be few more poignant tragedies for a family than the loss of a baby."

He said infant mortality rates had fallen in most years throughout the 1980s and the 1989 figure reflected a further improvement on figures which were themselves "extremely encouraging."

In an attempt to reduce the rates still further, he said the Department of Health had set up a specialist group to investigate stillbirths and infant deaths, was promoting research and increasing the number of post mortem examinations following infant deaths.

The report says the 20,000 deaths from influenza last year caused an unexpected rise in the death rate.

There were 576,872 deaths in 1989, a one percent increase over the previous year, equivalent to a mortality rate of 11.4 per thousand population.

"However, during the final quarter of 1989 there was an influenza epidemic which resulted in approximately 20,000 extra deaths when compared with the final quarters of the previous 10 years.

"If these had not occurred, the crude death rate would have been reduced to 11."